



Corrective/Preventive Action Request

(C/PAR) Help the Environment - Help yourself - Help Others

Environmental Impact / Concern:

Date:

(For additional information, use back or attach additional sheets)

Area/ Location:

*For feedback on this request, please include the following:

Name: _____ **Section:** _____

Phone: _____ **or** **e-mail:** _____

Print & return to: Your Supervisor, or **Mail to:** EMR at MS 1103A, or **e-mail form to EMR**

EMR Use Only: C/PAR ☐, Other ☐, Control # _____ N/A ☐

Resolution: